

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/530274**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
6	1					
7		1		1		
8	1		1			
9		1		1		
10		3		1		
11		4		1		
12		4		1		
13		4		1		
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15		4		1		
16		4		1		
17		4		1		
18		4		1		
19		4		1		
20		4		1		
21	1		1			
22		1		1		
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TOTAL IND.	7	↓	6	↓		↓
TOTAL DEP.	69	←	30	←		←
TOTAL CLAIMS	76		36			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						